FILE NOW: Fee after May 1, will be \$588.75



	ANNUAL REPORT 1997		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 97 FEB 25 PM 2: 57			
FILING \$ 203. 1. Name a of Limit		MENT (NT OF STATE SECURE TARY OF STATE						
POWERHOUSE/BELL, L.C. 1529 WEST "NORTH A" STREET TAMPA FL 33606-1613						1a. Principal Place of Business Address 1529 WEST "NORTH A" STREET TAMPA FL 33606			
	#, etc.	2a. Mailir SAM Suite, Apt	rough Incorrect Information and enter con 2a. Mailing Address SAME Suite, Apt. #, etc. City & State			07/31 4. FEIN 59-33	32697	FL Applied For Not Applicabl	
Zip	Country	Zip		Country			of Last Report		tificate of Status Desired
MOYE, 201 F. ORLANI 9. Pursua its registe	JAMES E ESQ. O'BRIEN, O'ROURI PINE STREET, SU DO FL 32801 ant to the provisions of Sections 608.4 red office or registered agent, or both, in red agent, and accept the obligations	JITE 710) Florida Statutes,	, the abo	Suite, Apt. #, etc	J liability co	mpany submits this (a majority of the men	Zip Co	r the purpose of changing
SIGNATU	RE (Registered Agent Accept Managing Members/Mana	T		equired when reinstation					
MGRM .	*SEE ATTACHED	P SYST 1	648 OAK	CLIF	F POAD	/Е.	TLANS TAMBA DALT	FI ON, G	A 30721* 3068B 01006018 ****203.75
		*							

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (I), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

813-254-7278

Daytime Phone #